


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.


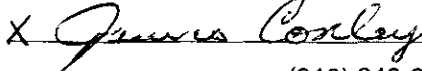
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  <b>E</b>	1. FILE NUMBER <b>039 - 871</b>	2. PERIOD COVERED MO DAY YEAR From <b>07 01 2001</b> Through <b>06 30 2002</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name <b>JAMES</b> Last Name <b>CONLEY</b> P.O. Box - Building and Room Number (if any) <b>SUITE 116</b> Number and Street <b>2840 EL CENTRO ROAD</b> City <b>SACRAMENTO</b> State <b>CA</b> ZIP Code + 4 <b>95833 -</b>		
JAMES CONLEY (2) 039-871 CARPENTERS IND 530 LU 109-L SUITE 116 2840 EL CENTRO ROAD SACRAMENTO, CA 95833 6/2002 			
4. AFFILIATION OR ORGANIZATION NAME <b>CARPENTERS IND</b>			
5. DESIGNATION (Local, Lodge, etc.) <b>LU</b>	6. DESIGNATION NUMBER <b>109</b>		
7. UNIT NAME (if any) <b>LATHERS UNION LOCAL-109L</b>			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

## 75. ADDITIONAL INFORMATION

Item Number	
11	See Schedule Attached
13	See Schedule Attached
14	See Schedule Attached

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  <b>X 9-27-02</b> Date	PRESIDENT (If other title, see instructions.) <b>(916) 646-6759</b> Telephone Number	77. SIGNED:  <b>X 9-27-02</b> Date	TREASURER (If other title, see instructions.) <b>(916) 646-6759</b> Telephone Number
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*During the Reporting Period Did Your Organization:*

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒ ☐
12. Have a political action committee (PAC) fund? ..... ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☒ ☐
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☒ ☐
15. Discover any loss or shortage of funds or other property? ..... ☐ ☒  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 7 2 6

19. What is the date of your organization's next regular election of officers? MO 0 6 YEAR 2 0 0 5

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <span style="border: 1px solid black; padding: 2px;">30</span> per <span style="border: 1px solid black; padding: 2px;">MONTH</span> (Month, Year, etc.)
(b) Initiation Fees	\$ <span style="border: 1px solid black; padding: 2px;">0</span>
(c) Transfer Fees	\$ <span style="border: 1px solid black; padding: 2px;">0</span>
(d) Work Permits	\$ <span style="border: 1px solid black; padding: 2px;">0</span> per <span style="border: 1px solid black; padding: 2px;">MONTH</span> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☐ No ☒  
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒

24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

# STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 0 3 9 - 8 7 1

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash.....	1	2 0 8 9 9 9	2 0 8 3 7 0
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	3 7 3 9	1 3 1 7 6
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		2 1 2 7 3 8	2 2 1 5 4 6
LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable.....	8	0	0
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	2 6 4 2	2 6 0 4
	37. TOTAL LIABILITIES.....		2 6 4 2	2 6 0 4
38. NET ASSETS (Item 32 less Item 37).....		2 1 0 0 9 6	2 1 8 9 4 2	

# STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 3 9 - 8 7 1

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		3 1 6 1 9 5	56. To Officers.....	9	1 5 5 6 4
40. Per Capita Tax.....		0	57. To Employees.....	10	4 0 1 5 9
41. Fees.....		9 0 0	58. Per Capita Tax.....		1 1 4 8 2 2
42. Fines.....		2 0 4 0	59. Fees, Fines, Assessments, etc. ....		0
43. Assessments.....		0	60. Office & Administrative Expense....	13	3 4 9 7 6
44. Work Permits.....		0	61. Educational & Publicity Expense...		4 3 3 8
45. Sale of Supplies.....		0	62. Professional Fees.....		9 8 5 0
46. Interest.....		3 0 1 0	63. Benefits.....	11	1 5 1 4 6
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	0
48. Rents.....		0	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	0	66. Direct Taxes.....		5 2 6 6
50. Loans Obtained.....	8	0	67. Withholding Taxes.....		1 2 1 5 9
51. Repayments of Loans Made.....	1	0	68. Purchase of Investments & Fixed Assets.....	7	1 2 8 5 8
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf.....		0	70. Repayment of Loans Obtained.....	8	0
54. Other Receipts.....	14	2 8 0 2	71. To Affiliates of Funds Collected on Their Behalf.....		4 1 5 2 1
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	1 8 9 1 7
55. TOTAL RECEIPTS.....		3 2 4 9 4 7	74. TOTAL DISBURSEMENTS .....		3 2 5 5 7 6

**Enter Amounts in Dollars Only -- Do Not Enter Cents**

## SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27 Column (A) ..... with Explanation Column (B)					

# **SCHEDULE 2 - INVESTMENTS** **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 039 - 871

# **SCHEDULE 3 - OTHER ASSETS**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
The total from Line 7 is entered in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in ..... Item 31, Column (B)	

# **SCHEDULE 4 - OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. CURRENT PAYROLL TAXES PAYABLE	1 7 8 8
2. 401(K) WITHHOLDING	8 1 6
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 6 0 4
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 039 - 871

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	1 6 9 1 1	4 5 0 1	1 2 4 1 0	1 2 4 1 0
7. Other Fixed Assets	7 9 0	2 4	7 6 6	7 6 6
8. Totals of Lines 1 through 7	1 7 7 0 1	4 5 2 5	1 3 1 7 6	1 3 1 7 6
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

# SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in ..... Item 49				

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 3 9 - 8 7 1

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. SAVIN COPIER	5 4 1 3	5 4 1 3	5 4 1 3
2. 4 DELL COMPUTERS	6 6 5 5	6 6 5 5	6 6 5 5
3. COUNTER TOP	4 5 0	4 5 0	4 5 0
4. CARPET	3 4 0	3 4 0	3 4 0
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	1 2 8 5 8	1 2 8 5 8	1 2 8 5 8
	7. Less Reinvestments		0
	8. Net Purchases		1 2 8 5 8

The total from Line 8 is entered in ..... Item 68

# SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0

The total from Line 6 is entered in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34  
Column (C) with Explanation Column (D)



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 039 - 871

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1.	STRACK MARK PRESIDENT	0	0	1091	0	1091
2.	PATTERSON BYRON VICE PRESIDENT	0	0	1307	0	1307
3.	CONLEY JAMES FINANCIAL SEC	0	0	4123	0	4123
4.	DANEKAS KARRIE RECORDING SEC	0	0	1673	0	1673
5.	JONES DON CONDUCTOR	464	0	2300	0	2764
6.	HALL RANDY EXECUTIVE BOARD	0	0	300	0	300
7.	HAM RALPH EXECUTIVE BOARD	0	0	450	0	450
8. Totals from additional pages (if any)		0	0	3923	0	3923
9. Totals of Lines 1 through 8		464	0	15167	0	15631
				10. Less Deductions		67
The total from Line 11 is entered in ..... Item 56				11. Net Disbursements		15564

\*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 039 - 871

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. CONLEY NANCY SECRETARY	1 7 9 5 1	0	0	0	1 7 9 5 1
2. VLAHOS KIM SECRETARY	3 7 8 3 0	0	0	0	3 7 8 3 0
3.					
4.					
5.					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	5 5 7 8 1	0	0	0	5 5 7 8 1
9. Less Deductions			1 5 6 2 2		
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements 4 0 1 5 9		

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 039 - 871

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION	OPE PENSION TRUST	5 2 7 1
2. 401(K) WITHHOLDINGS AND EMPLOYER MATCH	SUPPLEME INCOME 401K PLAN	4 2 3 8
3. HEALTH & WELFARE	OPE WELFARE TRUST	5 6 3 7
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 5 1 4 6
The total from Line 6 is entered in ..... Item 63		

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. None	0
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	0
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. DELEGATE EXPENSE	6 0
2. INSURANCE	4 3 1 5
3. RENT	6 1 2 0
4. TELEPHONE	6 1 8 7
5. MEETINGS	6 2 8
6. MISC OFFICE EXPENSE	1 7 6 6 6
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3 4 9 7 6
The total from Line 8 is entered in ..... Item 60	

# **SCHEDULE 14 - OTHER RECEIPTS**

Description (A)	Amount (B)
1. SALES OF CAPS, T-SHIRTS	2 0 6 2
2. MISC	7 4 0
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 8 0 2
The total from Line 17 is entered in ..... Item 54	

# **SCHEDULE 15 - OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. ACTIVITIES	4 1 4 7
2. TRAVEL	5 4 1
3. INDUSTRY RELATIONS	1 2 4 5 8
4. CONVENTIONS	1 0 0 2
5. SUPPLIES	7 6 9
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 8 9 1 7
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
CARPENTERS IND

FILE NUMBER: 039 - 871

ENDING DATE OF PERIOD COVERED:  
06/30/2002

## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
LACKEY DIRK EXECUTIVE BOARD	C	0	0	1 2 7 3	0	1 2 7 3
PARROW GREG EXECUTIVE BOARD	C	0	0	8 0 0	0	8 0 0
NORRIS DANA EXECUTIVE BOARD	C	0	0	1 1 5 0	0	1 1 5 0
VLAHOS BRIAN EXECUTIVE BOARD	C	0	0	7 0 0	0	7 0 0
BEDDES, SR MAX WARDEN	N	0	0	0	0	0
HERNANDEZ GUILLER EXECUTIVE BOARD	N	0	0	0	0	0

LATHERS UNION LOCAL 109-L

FORM LM-2, FILE #039-871  
For the Year Ended June 30, 2002

Page 1 of 1

Line 75, Item 11:

	ERISA Purpose	Plan File Number	Number
Northern California Plasterers Health and Welfare Trust 550 Howe Avenue, Suite 230 Sacramento, CA 95825	Health and Welfare	94-6251593	501
Lather's Local 109 Pension Trust 550 Howe Avenue, Suite 230 Sacramento, CA 95825	Pension	94-6115075	1

Line 75, Item 13:

During this Fiscal Year, the following fully depreciated equipment all having a book value of \$0 were thrown away:

- Adding Machine
- Formica Counter Tops
- Calculator
- Phone Answering System
- Laptop Computer
- HP Printer
- 2 Computers
- Xerox Copier

Line 75, Item 14:

An outside audit was performed by outside Auditors: Yoder & Co., Certified Public Accountant

Yoder & Co., Certified Public Accountant  
3451 Longview Drive, Suite 140  
North Highlands, CA 95660